

**Improving Mental Health Services in Haringey
Consultation Plan**

26 January 2009

1 Introduction

There is a clear clinical case for speedy interim change in the provision of mental health services in Haringey. The change being consulted on is the reallocation of resources from in-patient beds at St Ann's Hospital, so that there can be an increase of capacity in the two Home Treatment Teams.

2 Purpose

c. Main drivers for change

The main objectives of the proposed service change are:

- **To improve the clinical quality of inpatient services.** Average lengths of stay have reduced recently and are continuing to reduce, but are still currently longer than other areas and Trusts, and there are still too many delayed transfers of care. This impacts on service users' recovery and can have other serious adverse effects on their life such as loss of home and work, causing perpetuation of a vicious cycle. There is strong clinical support within the Trust, supported by the TPCT, for the need for change, in order to improve the quality of services.
- **To improve care so that more people are treated in their own homes.** Currently care is too focused on inpatient services. More patients should be able to be treated in their own homes and in locations closer to where they live, in accordance with the National Service Framework for Mental Health and the Haringey Joint Mental Health and Social Care Strategy 2005-2008. The proposed changes reflect national best clinical practice and are supported by clinicians within the Trust and by the TPCT.

For these reasons there is a need for some specific interim changes to be consulted on. The local Mental Health Strategy for 2005-08 highlighted the need to modernise mental health services, provide person centred care in the most appropriate service settings, and reduce the existing reliance on hospital based care. These proposals respond to that requirement. The clinical case for change has been reviewed by the National Clinical Advisory Team who confirmed that there is a clear clinical case for change and recommended that the consultation addressed the permanent closure of one ward and further changes such as the reallocation of resources to allow more service users to receive care at or close to home, leading to less dependency on inpatient beds and additional bed closures over time.

3 Context

In the longer term, (i) a three year Mental Health strategy is being prepared by the three commissioning PCTs which will be consulted on in spring of 2009, and (ii) major changes must be made to Haringey Mental Health Services, including the redevelopment of St Ann's Hospital. These latter changes will be the subject of a public engagement exercise later in the spring so that options for the future can be developed. In the meantime, services cannot stand still and user experience is prejudiced by delay.

It is clear that the balance of services must, over time, shift into community or home settings with the in-patient element decreasing in proportion, in line with good practice elsewhere. Policy and research pointing to that change are described in the National Service Framework for Mental Health, as well as the Haringey Joint Mental Health and Social Care Strategy 2005-2008.

The Trust is committed to the Recovery Model of care, and user preferences, as well as the widely recognised need to reduce the stigma of mental illness, all similarly indicate that Home Treatment needs to expand to meet the demand.

The proposal in this consultation is a step in this direction, to improve services and offer enhanced care, within the constraints of current conditions. Therefore this focussed and specific formal consultation will take place regarding a proposed permanent shift of resources from the 16 inpatient beds in St Ann's Hospital and continuing future improvements to the balance of services so that home treatment is more available to service users in Haringey as it is clinically appropriate.

4 Principles and Methodology

In order to make appropriate decisions, the TPCT and the Mental Health Trust need to ensure that effective consultation and engagement takes place, with service users, carers, local people, the local authority and other partners, healthcare professionals and other staff, Foundation Trust shadow members, voluntary organisations, faith groups, and stakeholders who act on behalf of others such as councillors, MPs, and the media. It must therefore be as easy as possible to communicate with the Trust and the TPCT about the impact of the proposed service change.

It is our intention to consult and engage in an open and transparent manner, ensuring that, so far as possible, the widest audience is reached, regardless of age, disability, ethnicity, location, or language. To this end we will ensure that, in partnership with Haringey Council, we use appropriate mechanisms, translation services etc in order to target the various groups. It has been agreed by the TPCT Board that the Mental Health Trust will lead the consultation process.

5 Timescale

Preparation of documents and consultation programme	June 2008 – January 2009
Meetings with OSC Task and Finish Group	September 2008 – March 2009
Launch of consultation programme	26 January 2009
Consultation process runs for 8 weeks due to the agreement of Haringey Council Overview and Scrutiny Committee	
End of consultation programme	23 March 2009
Assessment and collation of results, production of report of results and responses, publication of report and submission to PCT and Trust Boards.	March 2009 – May 2009
Decisions about the way forward and implementation according to results begins	May 2009

6 The Proposals

The proposals involve:

1. reducing the length and number of hospital stays on acute in-patient wards in Haringey;
2. treating more people in or close to their own homes by providing more Home Treatment Team resources;
3. permanently closing a 16 bed in-patient ward and making continuing improvements to the balance of acute care between home treatment and inpatient care as it is safe and advisable to do so.

7 The Communications Plan

- The formal Consultation will be launched on 26 January 2009, following submission of the consultation document to the members of the of the mental health review group of the Overview and Scrutiny Committee of Haringey Council.
- A local media briefing will be given during the week of 26 January to publicise the consultation.
- A number of informal meetings have already been held with representatives of users and carers and previous draft consultation documents have been made available to them, to gain their input and advice on the content and the principles involved.
- Two Consultation documents will be produced –the formal Consultation paper, and a summary ‘easy read’ version. With the partnership of Haringey Council services, both documents will offer a language translation service and an alternative format for visually impaired people.
- Newsletters are being regularly produced which outline the formal consultation process under way and invite comments. The newsletters are circulated to all stakeholders and are freely available in mental health and other healthcare locations.
- The full and summary documents will be circulated to all stakeholders as appropriate, for consultation including:
 - Service users – via Trust internal mechanisms and groups such as the Patients Council , and external voluntary groups
 - Carers – through surveying a sample of carers of in-patients from the last two years.
 - the Haringey public via local media
 - other partners
 - Haringey LINKs (subject to the development of the LINK)
 - GPs
 - healthcare professionals and other staff

- Foundation Trust shadow members
 - Local community and voluntary organisations
 - faith groups
 - Haringey Council councillors and officers
 - other representatives - MPs, London Assembly members, MEPs
 - local media.
- During the consultation period a number of meetings will be hosted by the Trust so that views can be presented in person. They will be designed to be accessible and led by clinicians as well as service managers.
 - There will be a number of meetings according to demand from groups and individuals who are existing and past service users and carers.
 - Staff affected have already been consulted on the proposals. Their views and preferences will be taken into account so far as possible. Subject to the need to provide the best service for service users, if the proposal goes ahead, staff would be relocated to their preferred posting in the hospital or a Home Treatment Team.
 - All Trust staff will be further invited to comment on the proposals during the formal Consultation Period. They will be able to do this via the Trust's normal management process or the Trust's intranet or through the external consultation response mechanisms if they prefer.

A range of mechanisms, which will all be free to the respondents, will be provided for responses:

- Website pages
- Email address
- Freepost address for people returning paper forms or who do not have internet access.

8 Report and Recommendations for decision

A report of the results of the consultation will be prepared, and will be published and submitted to the earliest meetings of the TPCT and Trust Boards. The report will analyse the responses to the consultation and detail an appropriate way forward in the light of the feedback.